

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	7-3-01
FORMALITY REVIEW	TA	5C1113	8-14-01
RESPONSE FORMALITY REVIEW	LC	1026	11-26-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral) Cancelled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

(1 FET INSIDE)

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